

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/02/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G442		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/30/2014	
NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP CODE 402 EWING LN JEFFERSONVILLE, IN 47130			
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W000000	<p>This visit was for the investigation of complaint #IN00151755.</p> <p>Complaint #IN00151755 - Substantiated. Federal and state deficiencies related to the allegation(s) are cited at W102, W104, W122, W149, W154, W156 and W157.</p> <p>Survey Dates: July 28, 29 and 30, 2014</p> <p>Facility Number: 000956 Provider Number: 15G442 AIMS Number: 100244760</p> <p>Surveyor: Jo Anna Scott, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 8/12/14 by Ruth Shackelford, QIDP.</p>		W000000				
W000102	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met. Based on record review and interview, the facility's governing body failed to</p>		W000102	<p><b>W102:</b> The facility must ensure that specific governing body and management requirements are</p>		08/29/2014	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>meet the Condition of Participation: Governing Body for 4 of 4 sampled clients (clients A, B, C and D) and 4 additional clients (clients E, F, G and H). The governing body failed to exercise operating direction over the facility to ensure the facility implemented its written policy and procedures to prevent neglect of clients in regard to clients being left unattended, missing medication and missing money.</p> <p>Findings include:</p> <p>Please see W122. The governing body failed to meet the Condition of Participation: Client Protections. The governing body failed to ensure the facility implemented written policy and procedures to prevent neglect of clients A, B, C, D, E, F, G and H in regard to clients being left unattended, missing medication and money. The governing body failed to conduct investigations of allegations of neglect and theft, report the results of investigations to the administrator within 5 working days and to take sufficient corrective action to address the pattern of theft.</p> <p>Please see W104. The governing body failed to ensure the facility implemented its written policy and procedures to prevent potential abuse and neglect of</p>		<p><b>met Corrective Action:</b> <b>(Specific)</b> An investigation will be completed regarding the missing medication and money as well as consumers being left unattended. All Clinical Supervisors will be in-serviced on the initiating investigations and having them completed within 5 business days. All staff will be in-serviced on the Abuse Neglect Exploitation Policy and Procedure, Medication Audits and client finances. A safe was purchased for the home to secure all client finances. <b>How others will be identified: (Systemic)</b> The Program Manager will follow up with the Clinical Supervisor at least weekly to ensure that all incidents that require an investigation are initiated and completed within 5 business days. All investigations will be provided to the Executive Director upon completion for review. The Residential Manager will complete a review of all client finances and medication audits at least three times weekly to ensure that all funds and medications are accounted for. The Clinical Supervisor will review client finances and medication audits at least weekly to ensure that all client funds and medications are accounted for.</p> <p><b>Measures to be put in place:</b> An investigation will be completed regarding the missing medication and money as well as consumers being left unattended. All Clinical</p>				

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W000104	<p>clients A, B, C, D, E, F, G and H in regard to clients being left unattended, missing medication and money. The governing body failed to conduct investigations of allegations of neglect and theft, report the results of investigations within 5 working days to the administrator and to take sufficient corrective action to address the pattern of theft.</p> <p>This federal tag relates to Complaint #IN00151755.</p> <p>9-3-1(a)</p> <p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on record review and interview for 4 of 4 sampled clients (clients A, B, C and D) and 4 additional clients (clients E, F, G and H), the governing body failed to</p>		W000104	<p>Supervisors will be in-serviced on the initiating investigations and having them completed within 5 business days. All staff will be in-serviced on the Abuse Neglect Exploitation Policy and Procedure, Medication Audits and client finances. A safe was purchased for the home to secure all client finances. <b>Monitoring of Corrective Action:</b> The Program Manager will follow up with the Clinical Supervisor at least weekly to ensure that all incidents that require and investigation are initiated and completed within 5 business days. All investigations will be provided to the Executive Director upon completion for review. The Residential Manager will complete a review of all client finances and medication audits at least three times weekly to ensure that all funds and medications are accounted for. The Clinical Supervisor will review client finances and medication audits at least weekly to ensure that all client funds and medications are accounted for. <b>Completion date: 08/29/14</b></p> <p><b>W104:</b> The governing body must exercise general policy, budget, and operating direction over the facility. <b>Corrective Action:</b> <b>(Specific)</b> An investigation will</p>		08/29/2014	

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	<p>exercise operating direction over the facility to ensure the facility implemented its written policy and procedures to prevent potential abuse and neglect.</p> <p>Findings include:</p> <p>Please see W149. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented written policy and procedure to prevent neglect of clients A, B, C, D, E, F, G and H in regard to clients being left unattended, missing money and missing medications. The governing body failed to conduct investigations of allegations of neglect and theft, failed to report the results of investigations to the administrator within 5 working days and failed to take sufficient corrective action to address the pattern of theft in the group home.</p> <p>This federal tag relates to complaint #IN00151755.</p> <p>9-3-1(a)</p>		<p>be completed regarding the missing medication and money as well as consumers being left unattended. All Clinical Supervisors will be in-serviced on the initiating investigations and having them completed within 5 business days. All staff will be in-serviced on the Abuse Neglect Exploitation Policy and Procedure, Medication Audits and client finances. A safe was purchased for the home to secure all client finances. <b>How others will be identified: (Systemic)</b> The Program Manager will follow up with the Clinical Supervisor at least weekly to ensure that all incidents that require and investigation are initiated and completed within 5 business days. All investigations will be provided to the Executive Director upon completion for review. The Residential Manager will complete a review of all client finances and medication audits at least three times weekly to ensure that all funds and medications are accounted for. The Clinical Supervisor will review client finances and medication audits at least weekly to ensure that all client funds and medications are accounted for.</p> <p><b>Measures to be put in place:</b> An investigation will be completed regarding the missing medication and money as well as consumers being left unattended. All Clinical Supervisors will be in-serviced on the initiating investigations and</p>				

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W000122	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on record review and interview for 4 of 4 sampled clients (clients A, B, C and D) and 4 additional clients (clients E, F, G and H), the facility failed to meet Condition of Participation: Client Protections. The facility failed to</p>		W000122	<p>having them completed within 5 business days. All staff will be in-serviced on the Abuse Neglect Exploitation Policy and Procedure, Medication Audits and client finances. A safe was purchased for the home to secure all client finances. <b>Monitoring of Corrective Action:</b> The Program Manager will follow up with the Clinical Supervisor at least weekly to ensure that all incidents that require and investigation are initiated and completed within 5 business days. All investigations will be provided to the Executive Director upon completion for review. The Residential Manager will complete a review of all client finances and medication audits at least three times weekly to ensure that all funds and medications are accounted for. The Clinical Supervisor will review client finances and medication audits at least weekly to ensure that all client funds and medications are accounted for. <b>Completion date: 08/29/14</b></p> <p><b>W122:</b> The facility must ensure that specific client protections are met. <b>Corrective Action:</b> <b>(Specific)</b> An investigation will be completed regarding the missing medication and money as well as consumers being left</p>		08/29/2014	

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	<p>implement written policy and procedures to prevent neglect of clients A, B, C, D, E, F, G and H in regard to leaving clients unattended, missing money and missing medications. The facility failed to conduct investigations of allegations of neglect and theft, failed to report the results of investigations to the administrator within 5 working days and failed to take sufficient corrective action to address the pattern of theft in the group home.</p> <p>Findings include:</p> <p>Please see W149. The facility failed to implement written policy and procedure to prevent neglect of clients A, B, C, D, E, F, G and H in regard to clients being left unattended, missing medication and missing money. The facility failed to conduct investigations of allegations of neglect and theft, failed to report the results of investigations to the administrator within 5 working days and failed to take sufficient corrective action to address the pattern of theft in the group home.</p> <p>Please see W154. The facility failed to conduct thorough investigations of missing funds, missing medication and staff leaving clients in home unattended (clients A, B, C, D, E, F, G and H).</p>			<p>unattended. All Clinical Supervisors will be in-serviced on the initiating investigations and having them completed within 5 business days. All staff will be in-serviced on the Abuse Neglect Exploitation Policy and Procedure, Medication Audits and client finances. A safe was purchased for the home to secure all client finances. <b>How others will be identified: (Systemic)</b> The Program Manager will follow up with the Clinical Supervisor at least weekly to ensure that all incidents that require and investigation are initiated and completed within 5 business days. All investigations will be provided to the Executive Director upon completion for review. The Residential Manager will complete a review of all client finances and medication audits at least three times weekly to ensure that all funds and medications are accounted for. The Clinical Supervisor will review client finances and medication audits at least weekly to ensure that all client funds and medications are accounted for.</p> <p><b>Measures to be put in place:</b> An investigation will be completed regarding the missing medication and money as well as consumers being left unattended. All Clinical Supervisors will be in-serviced on the initiating investigations and having them completed within 5 business days. All staff will be in-serviced on the Abuse Neglect</p>			

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W000149	<p>Please see W156. The facility failed to report the results of the investigations to the administrator within 5 working days (clients A, B, C, D, E, F, G and H).</p> <p>Please see W157. The facility failed to take sufficient corrective action to address corrective action on substantiated allegations of theft and neglect (clients A, B, C, D, E, F, G and H).</p> <p>This federal tag relates to Complaint #IN00151755.</p> <p>9-3-2(a)</p>			W000149	<p>Exploitation Policy and Procedure, Medication Audits and client finances. A safe was purchased for the home to secure all client finances. <b>Monitoring of Corrective Action:</b> The Program Manager will follow up with the Clinical Supervisor at least weekly to ensure that all incidents that require and investigation are initiated and completed within 5 business days. All investigations will be provided to the Executive Director upon completion for review. The Residential Manager will complete a review of all client finances and medication audits at least three times weekly to ensure that all funds and medications are accounted for. The Clinical Supervisor will review client finances and medication audits at least weekly to ensure that all client funds and medications are accounted for. <b>Completion date: 08/29/14</b></p>		08/29/2014
	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 4 of 4 sampled clients (clients A, B, C and D) and 4 additional clients (clients E, F, G and H), the facility neglected to implement their Abuse/Neglect/Exploitation Policy and Procedure to prevent neglect of clients in</p>				<p><b>W149:</b> The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. <b>Corrective Action: (Specific)</b> An investigation will be completed regarding the missing medication and money as well as consumers being left</p>		

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	<p>regard to clients being left unattended, missing medication and missing money.</p> <p>Findings include:</p> <p>1. The facility BDDS (Bureau of Developmental Disability Services) incident reports were reviewed on 7/28/14 at 10:45 AM. The report dated 7/6/14 included the following information: "[Staff #3] did finance audit at approx. (approximately) 12 PM 7/4/14 at kitchen table while [staff #2] cooked lunch. [Staff #2] got money out for [client G] to go to [name of town]. On 7/5/14 at approximately 8 AM [staff #2] went to do finance audit and get clients' money out for an outing with [staff #3] and [staff #6] in the same room. \$95.00 total was missing from [client B] and [client A's] money bag. [Staff #2] called home manager. Immediate preventative measures include inservices with all staff on Abuse/Neglect/Exploitation policy and an investigation has been initiated into the incident." A BDDS follow-up report dated 7/17/14 indicated "The investigation has been turned over to the local police department for further investigation."</p> <p>Review of the facility investigations on 7/28/14 at 12:30 PM indicated there was no investigation conducted by the facility</p>			<p>unattended. All Clinical Supervisors will be in-serviced on the initiating investigations and having them completed within 5 business days. All staff will be in-serviced on the Abuse Neglect Exploitation Policy and Procedure, Medication Audits and client finances. A safe was purchased for the home to secure all client finances. <b>How others will be identified: (Systemic)</b> The Program Manager will follow up with the Clinical Supervisor at least weekly to ensure that all incidents that require and investigation are initiated and completed within 5 business days. All investigations will be provided to the Executive Director upon completion for review. The Residential Manager will complete a review of all client finances and medication audits at least three times weekly to ensure that all funds and medications are accounted for. The Clinical Supervisor will review client finances and medication audits at least weekly to ensure that all client funds and medications are accounted for.</p> <p><b>Measures to be put in place:</b> An investigation will be completed regarding the missing medication and money as well as consumers being left unattended. All Clinical Supervisors will be in-serviced on the initiating investigations and having them completed within 5 business days. All staff will be in-serviced on the Abuse Neglect</p>			



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	<p>of the incident of missing money.</p> <p>Interview with administrative staff #4 on 7/28/14 at 2:00 PM indicated the incident had been turned over to the local police department and there had not been an internal investigation conducted. Staff #4 indicated the facility had purchased a safe to keep the money in but no disciplinary action was taken with staff.</p> <p>Interview with administrative staff #2 on 7/29/14 at 2:30 PM indicated the money could not be refunded without a completed investigation and they had not refunded the money to client A and client B.</p> <p>2. The BDDS incident report dated 5/18/14 indicated the following: "Staff was performing a medication audit and noticed that there were two different tablets in one of the consumer's bubble pack. The staff notified the Residential Manager and the site nurse immediately. The Residential Manager and the site nurse reviewed all consumers' bubble packs of medications and noted [client D] had 25 Hydrocodone missing that had been replaced with her Relafen and [client B's] Lipitor, [client E] had one Dicyclomine tablet missing and had been replaced with one of her Ropinirole, [client C] had one Xanax missing that</p>		<p>Exploitation Policy and Procedure, Medication Audits and client finances. A safe was purchased for the home to secure all client finances. <b>Monitoring of Corrective Action:</b> The Program Manager will follow up with the Clinical Supervisor at least weekly to ensure that all incidents that require and investigation are initiated and completed within 5 business days. All investigations will be provided to the Executive Director upon completion for review. The Residential Manager will complete a review of all client finances and medication audits at least three times weekly to ensure that all funds and medications are accounted for. The Clinical Supervisor will review client finances and medication audits at least weekly to ensure that all client funds and medications are accounted for.</p> <p><b>Completion date: 08/29/14</b></p>				

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	<p>was replaced with one of [client B's] Lipitor and [client B] had 13 Xanax that were missing and replaced with her Lisinopril. It was determined that none of the medications had been administered to any of the consumers. The bubble packs that had been tampered with were immediately secured, drug suspicion checklists were completed on all staff and all staff were taken for drug testing. One staff refused the drug testing and the operation is awaiting the results of the drug tests that were completed. The [name of local police department] was contacted and a message was left for [name of detective] to file a police report. The consumers' medications that were tampered with were replaced and an investigation has been initiated."</p> <p>A BDDS follow-up request dated 5/22/14 asked to be updated on the status of the investigation. The facility replied on 6/10/14 and indicated "The investigation has been turned over to the local authorities."</p> <p>Interview with administrative staff #4 on 7/28/14 at 2:00 PM indicated the incident had been turned over to the local police department and there had not been an internal investigation conducted. Administrative Staff #4 indicated the staff that refused the drug test was no</p>						

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	<p>longer working for the company.</p> <p>3. The BDDS incident report dated 6/23/14 for clients A, B, C, D, E, F, G and H indicated "Second shift staff was working 4:00 PM to 12:00 AM. Third shift staff did not show up to work and it was reported that the second shift person had left the home to walk down the street to get third shift staff from her apartment to get them to come to work, leaving the individuals unattended. The staff member in question was immediately placed on administrative leave. Immediate preventative measures include inservices with all staff on Abuse/Neglect policy, the staff was placed on leave and there were no injuries as a result of this incident."</p> <p>The Investigative Summary indicated the dates of investigation as 6/23/14 to 7/25/14. The conclusion of the investigation indicated: "Leaving the consumers unattended is substantiated." There was no information included in the summary indicating how the facility would ensure the consumers were not left unattended in the future.</p> <p>4. The RFMS (Resident Account Family Member Statement) statements were reviewed on 7/29/14 at 10:00 AM. The RFMS statement dated 5/1/14 to 7/29/14</p>						

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	<p>indicated client A received reimbursement of funds on 6/3/14 of \$29.00, client B received reimbursement of funds on 6/3/14 of \$15.00, client F received reimbursement of funds on 6/3/14 of \$24.00, and client E received reimbursement of funds on 6/3/14 of \$10.00.</p> <p>The internal incident report reviewed on 7/29/14 at 1:30 PM for the reimbursement was dated 3/23/14 and indicated the following: "[Staff #7] was performing a finance audit and she discovered that the clients were missing money. [Staff #7] contacted home manager. Home manager came over, counted finances and discovered that [client E] is short \$9.76, [client H] is short \$30.79, [client B] is short \$15.00, [client F] is short \$24.63, [client A] is short \$29.00, [client G] is short \$25.01."</p> <p>The BDDS report dated 3/23/14 indicated the following: "Staff was conducting a finance audit when they discovered that the cash account for 5 individuals in the home was incorrect. It was found that [client B] was off by \$15.00, [client A] was off by \$29.00, [client F] was off by \$24.63, [client E] was off by \$9.76 and [client H] was off by \$30.79. Staff immediately contacted the RM (Regional</p>						

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OMB NO. 0938-0391

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	<p>Manager) and reported the incident."</p> <p>The Investigative Summary reviewed on 7/29/14 at 2:00 PM was dated 3/22/14 to 3/28/14 and indicated "It was reported by a staff member that while conducting a finance audit, it was discovered that 5 individuals were missing money from their home cash account. Throughout the investigation, it was found that one more individual was missing money as well. [Client E] was short \$10.00, [client B] was short \$15.00, [client H] was short \$30.00, [client F] was short \$24.00, [client A] was short \$29.00 and [client G] was short \$25.00."</p> <p>Interview with administrative staff #6, #4, #2 and #1 on 7/29/14 at 2:40 PM indicated staff did not know why the amounts on the investigation were different from the internal report, the BDDS reports and the amounts reimbursed.</p> <p>5. The internal incident report dated 2/21/14 was reviewed on 7/29/14 at 2:00 PM. The report indicated the following: "When I got to work I did my controlled substance count. It was supposed to be 31 Oxycodone 5 mg (milligram) pills in the bottle but it was only 24 Oxycodone 5 mg pill in the bottle. I called (staff #1), Resident Manager, to tell her what I</p>						

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	<p>found. She called nurse."</p> <p>The investigation dated 2/21/14 - 2/27/14 indicated the following: "[Client B] was missing 7 Oxycodone 5 mg tablets." The investigation findings were as follows: "After reviewing witness statements and all other documentation, it is proven that there are 7 Oxycodone 5 mg tablets missing for [client B] but no way to discover where they are or if anyone took them. [Client B] never went without her medication and the medication was discontinued 2 days prior to being discovered that seven pills were missing."</p> <p>Interview with staff #6 on 7/29/14 at 2:00 PM indicated the staff that did the investigation was no longer working in that position. Staff #6 indicated she did not know what corrective actions were put in place.</p> <p>Please see W154. The facility failed to conduct thorough investigations of missing funds, missing medication and staff leaving clients in home unattended (clients A, B, C, D, E, F, G and H).</p> <p>Please see W156. The facility failed to report the results of the investigations to the administrator within 5 working days (clients A, B, C, D, E, F, G and H).</p>						

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	<p>Please see W157. The facility failed to take sufficient corrective action to address corrective action on substantiated allegations of theft and neglect (clients A, B, C, D, E, F, G and H).</p> <p>Review of the Abuse/Neglect/Exploitation Policy and Procedure with a revised date of 7/2/12 was conducted on 7/28/14 at 3:00 PM. The policy indicated "Community Alternatives South East staff actively advocate for the rights and safety of all individuals. All allegations or occurrences of abuse, neglect and/or abuse shall be thoroughly investigated. Community Alternatives South East strictly prohibits abuse, neglect and/or exploitation."</p> <p>This federal tag relates to complaint #IN00151755.</p> <p>9-3-2(a)</p>						

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W000154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 5 of 6 allegations of neglect for 4 of 4 sampled clients (clients A, B, C and D) and 4 additional clients (client E, F, G and H ), the facility failed to conduct thorough investigations of missing funds, missing medication, and staff leaving clients in home unattended.</p> <p>Findings include:</p> <p>1. The facility BDDS incident reports were reviewed on 7/28/14 at 10:45 AM. The report dated 7/6/14 included the following information: "[Staff #3] did finance audit at approx. (approximately) 12 PM 7/4/14 at kitchen table while [staff #2] cooked lunch. [Staff #2] got money out for [client G] to go to [name of town]. On 7/5/14 at approximately 8 AM [staff #2] went to do finance audit and get clients' money out for an outing with [staff #3] and [staff #6] in the same room. \$95.00 total was missing from [client B] and [client A] money bag. [Staff #2] called home manager. Immediate preventative measures include inservices with all staff on Abuse/Neglect/Exploitation policy and an investigation has been initiated into</p>		W000154	<p><b>W154:</b> The facility must have evidence that all alleged violations are thoroughly investigated. <b>Corrective Action: (Specific)</b> An investigation will be completed regarding the missing medication and money as well as consumers being left unattended. All Clinical Supervisors will be in-serviced on the initiating investigations and having them completed within 5 business days. All staff will be in-serviced on the Abuse Neglect Exploitation Policy and Procedure, Medication Audits and client finances. A safe was purchased for the home to secure all client finances. Clients A, B, E, F and H will be reimbursed missing funds. <b>How others will be identified: (Systemic)</b> The Program Manager will follow up with the Clinical Supervisor at least weekly to ensure that all incidents that require and investigation are initiated and completed within 5 business days. All investigations will be provided to the Executive Director upon completion for review. The Residential Manager will complete a review of all client finances and medication audits at least three times weekly to ensure that all funds and medications are accounted for.</p>		08/29/2014	



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	<p>the incident." A BDDS follow-up report dated 7/17/14 indicated "The investigation has been turned over to the local police department for further investigation.</p> <p>Review of the facility investigations on 7/28/14 at 12:30 PM indicated there was no investigation conducted by the facility of the incident of missing money.</p> <p>Interview with administrative staff #4 on 7/28/14 at 2:00 PM indicated the incident had been turned over to the local police department and there had not been an internal investigation conducted.</p> <p>Interview with administrative staff #2 on 7/29/14 at 2:30 PM indicated the money could not be refunded without a completed investigation and they had not refunded the money for clients A and B.</p> <p>2. The BDDS incident report dated 5/18/14 indicated the following: "Staff was performing a medication audit and noticed that there were two different tablets in one of the consumer's bubble pack. The staff notified the Residential Manager and the site nurse immediately. The Residential Manager and the site nurse reviewed all consumers' bubble packs of medications and noted [client D] had 25 Hydrocodone missing that had</p>				<p>The Clinical Supervisor will review client finances and medication audits at least weekly to ensure that all client funds and medications are accounted for.</p> <p><b>Measures to be put in place:</b> An investigation will be completed regarding the missing medication and money as well as consumers being left unattended. All Clinical Supervisors will be in-serviced on the initiating investigations and having them completed within 5 business days. All staff will be in-serviced on the Abuse Neglect Exploitation Policy and Procedure, Medication Audits and client finances. A safe was purchased for the home to secure all client finances. Clients A, B, E, F and H will be reimbursed missing funds. <b>Monitoring of Corrective Action:</b> The Program Manager will follow up with the Clinical Supervisor at least weekly to ensure that all incidents that require and investigation are initiated and completed within 5 business days. All investigations will be provided to the Executive Director upon completion for review. The Residential Manager will complete a review of all client finances and medication audits at least three times weekly to ensure that all funds and medications are accounted for. The Clinical Supervisor will review client finances and medication audits at least weekly to ensure that all client funds and medications are accounted for.</p>		

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	<p>been replaced with her Relafen and [client B's] Lipitor, [client E] had one Dicyclomine tablet missing and had been replaced with one of her Ropinirole, [client C] had one Xanax missing that was replaced with one of [client B's] Lipitor and [client B] had 13 Xanax that were missing and replaced with her Lisinopril. It was determined that none of the medications had been administered to any of the consumers. The bubble packs that had been tampered with were immediately secured, drug suspicion checklists were completed on all staff and all staff were taken for drug testing. One staff refused the drug testing and the operation is awaiting the results of the drug tests that were completed. The [name of local police department] was contacted and a message was left for [name of detective] to file a police report. The consumers' medications that were tampered with were replaced and an investigation has been initiated."</p> <p>A BDDS follow-up request dated 5/22/14 asked to be updated on the status of the investigation. The facility replied on 6/10/14 and indicated "The investigation has been turned over to the local authorities."</p> <p>Interview with administrative staff #4 on 7/28/14 at 2:00 PM indicated the incident</p>			Completion date: 08/29/14			

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	<p>had been turned over to the local police department and there had not been an internal investigation conducted. Administrative Staff #4 indicated the staff that refused the drug test was no longer working for the company.</p> <p>3. The BDDS incident report dated 6/23/14 for clients (A, B, C, D, E, F, G and H) indicated "Second shift staff was working 4:00 PM to 12:00 AM. Third shift staff did not show up to work and it was reported that the second shift person had left the home to walk down the street to get third shift staff from her apartment to get them to come to work, leaving the individuals unattended. The staff member in question was immediately placed on administrative leave. Immediate preventative measures include inservices with all staff on Abuse/Neglect policy, the staff was placed on leave and there were no injuries as a result of this incident."</p> <p>The Investigative Summary indicated the dates of investigation as 6/23/14 to 7/25/14. The conclusion of the investigation indicated: "Leaving the consumers unattended is substantiated." There was no information included in the summary indicating how the facility would ensure the consumers were not left unattended in the future.</p>						

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	<p>4. The RFMS (Resident Account Family Member Statement) statements were reviewed on 7/29/14 at 10:00 AM. The RFMS statement dated 5/1/14 to 7/29/14 indicated client A received reimbursement of funds on 6/3/14 of \$29.00, client B received reimbursement of funds on 6/3/14 of \$15.00, client F received reimbursement of funds on 6/3/14 of \$24.00, and client E received reimbursement of funds on 6/3/14 of \$10.00.</p> <p>The internal incident report reviewed on 7/29/14 at 1:30 PM for the reimbursement was dated 3/23/14 and indicated the following: "[Staff #7] was performing a finance audit and she discovered that the clients were missing money. [Staff #7] contacted home manager. Home manager came over, counted finances and discovered that [client E] is short \$9.76, [client H] is short \$30.79, [client B] is short \$15.00, [client F] is short \$24.63, [client A] is short \$29.00, [client G] is short \$25.01."</p> <p>The BDDS report dated 3/23/14 indicated the following: "Staff was conducting a finance audit when they discovered that the cash account for 5 individuals in the home was incorrect. It was found that</p>						

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	<p>[client B] was off by \$15.00, [client A] was off by \$29.00, [client F] was off by \$24.63, [client E] was off by \$9.76 and [client H] was off by \$30.79. Staff immediately contacted the RM (Regional Manager) and reported the incident."</p> <p>The Investigative Summary reviewed on 7/29/14 at 2:00 PM was dated 3/22/14 to 3/28/14 indicated "It was reported by a staff member that while conducting a finance audit, it was discovered that 5 individuals were missing money from their home cash account. Throughout the investigation, it was found that one more individual was missing money as well. [Client E] was short \$10.00, [client B] was short \$15.00, [client H] was short \$30.00, [client F] was short \$24.00, [client A] was short \$29.00 and [client #G] was short \$25.00."</p> <p>Interview with administrative staff #6, #4, #2 and #1 on 7/29/14 at 2:40 PM indicated the staff did not know why the amounts on the investigation were different from the internal report, the BDDS reports and the amounts reimbursed.</p> <p>5. The internal incident report dated 2/21/14 was reviewed on 7/29/14 at 2:00 PM. The report indicated the following: "When I got to work I did my controlled</p>						

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	<p>substance count. It was supposed to be 31 Oxycodone 5 mg (milligram) pills in the bottle but it was only 24 Oxycodone 5 mg pill in the bottle. I called (staff #1), Resident Manager, to tell her what I found. She called nurse."</p> <p>The investigation dated 2/21/14 - 2/27/14 indicated the following: "[Client B] was missing 7 Oxycodone 5 mg tablets." The investigation findings were as follows: "After reviewing witness statements and all other documentation, it is proven that there are 7 Oxycodone 5 mg tablets missing for [client B] but no way to discover where they are of if anyone took them. [Client B] never went without her medication and the medication was discontinued 2 days prior to being discovered that seven pills were missing."</p> <p>Interview with staff #6 on 7/29/14 at 2:00 PM indicated the staff that did the investigation was no longer working in that position. Staff #6 indicated she did not know what corrective actions were put in place.</p> <p>This federal tag relates to complaint #IN00151755.</p> <p>9-3-2(a)</p>						

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W000156	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. Based on record review and interview for 3 of 6 BDDS (Bureau of Developmental Disability Services) incident reports requiring an investigation for 4 of 4 sampled clients (clients A, B, C and D) and 4 additional clients (E, F, G and H), the facility failed to provide documentation the administrator had knowledge of the results of the investigation in 5 working days.</p> <p>Findings include:</p> <p>1. The facility BDDS (Bureau of</p>		W000156	<p><b>W156:</b> The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State Law within five working days of the incident. <b>Corrective Action: (Specific)</b> All Clinical Supervisors will be in-serviced on the initiating investigations, having them completed within 5 business days and having them reviewed by the Executive Director or designated representative. <b>How others will be identified: (Systemic)</b> The Program Manager will follow up with the Clinical Supervisor at</p>		08/29/2014	

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	<p>Developmental Disability Services) incident reports were reviewed on 7/28/14 at 10:45 AM. The BDDS incident report dated 6/23/14 for clients (A, B, C, D, E, F, G and H) indicated "Second shift staff was working 4:00 PM to 12:00 AM. Third shift staff did not show up to work and it was reported that the second shift person had left the home to walk down the street to get third shift staff from her apartment to get them to come to work, leaving the individuals unattended. The staff member in question was immediately placed on administrative leave. Immediate preventative measures include inservices with all staff on Abuse/Neglect policy, the staff was placed on leave and there were no injuries as a result of this incident."</p> <p>The Investigative Summary dated 6/23/14 to 7/25/14 was reviewed on 7/28/14 at 12:00 PM. The report factual findings indicated "One staff witnessed that [staff #4] left the consumers (clients A, B, C, D, E, F, G and H) unattended. [Staff #4] admitted to leaving the consumers unattended during her shift." The conclusion was "Leaving the consumers unattended is substantiated." The summary did not indicate the administrator had been informed of the outcome.</p>				<p>least weekly to ensure that all incidents that require and investigation are initiated and completed within 5 business days. All investigations will be provided to the Executive Director upon completion for review.</p> <p><b>Measures to be put in place:</b> All Clinical Supervisors will be in-serviced on the initiating investigations, having them completed within 5 business days and having them reviewed by the Executive Director or designated representative. <b>Monitoring of Corrective Action:</b> The Program Manager will follow up with the Clinical Supervisor at least weekly to ensure that all incidents that require and investigation are initiated and completed within 5 business days. All investigations will be provided to the Executive Director upon completion for review. <b>Completion date:</b> <b>08/29/14</b></p>		



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NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP CODE 402 EWING LN JEFFERSONVILLE, IN 47130			
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	<p>2. The BDDS report dated 3/23/14 indicated the following: "Staff was conducting a finance audit when they discovered that the cash account for 5 individuals (clients A, B, E, F and H) in the home was incorrect. It was found that [client B] was off by \$15.00, [client A] was off by \$29.00, [client F] was off by \$24.63, [client E] was off by \$9.76 and [client H] was off by \$30.79. Staff immediately contacted the RM (Regional Manager) and reported the incident."</p> <p>The Investigative Summary dated 3/22/14 - 3/28/14 was reviewed on 7/29/14 at 2:00 PM. The report factual findings indicated "After reviewing witness statements, it was revealed that no staff are aware of where the money has gone. It was discovered, however, that the finances began to have issues when the money was not audited in and receipts were not properly put back in the books from the outing on 3/20/14. Allegations of exploitation by staff are unable to be substantiated. Each individual with discrepancy in their finances will be reimbursed the amount in which their finances are short." The conclusion indicated "Allegation Unsubstantiated. Allegation Substantiated". The summary did not indicate the administrator had been</p>						

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	<p>informed of the outcome.</p> <p>3. The internal incident report dated 2/21/14 was reviewed on 7/29/14 at 2:00 PM. The report indicated the following: "When I got to work I did my controlled substance count. It was supposed to be 31 Oxycodone 5 mg (milligram) pills in the bottle but it was only 24 Oxycodone 5 mg pill in the bottle. I called (staff #1), Resident Manager, to tell her what I found. She called nurse."</p> <p>The Investigative Summary dated 2/21/14 - 2/27/14 was reviewed on 7/29/14 at 2:00 PM. The report factual findings indicated: "After reviewing witness statements and all other documentation, it is proven that there are 7 Oxycodone 5 mg tablets missing for [client B], but no way to discover where they are or if anyone took them. [Client B] never went without her medication and the medication was discontinued 2 days prior to being discovered that seven pills were missing." The conclusion indicated "Allegation of missing pills substantiated, but whereabouts unknown." The summary did not indicate the administrator had been informed of the outcome.</p> <p>Interview with administrative staff #6 on 7/29/14 at 2:30 PM indicated the</p>						

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W000157	<p>Investigative Summary was forwarded to the administrator by e-mail but they did not have any documentation indicating it was received and reviewed.</p> <p>This federal tag relates to complaint #IN00151755.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview for 3 Investigation Summaries reviewed for 4 of 4 sampled clients (clients A, B, C and D) and 4 additional clients (clients E, F, G and H), the facility failed to take appropriate corrective action on substantiated allegations of theft/neglect.</p> <p>Findings include:</p> <p>1. The internal incident report dated 2/21/14 was reviewed on 7/29/14 at 2:00 PM. The report indicated the following:</p>			W000157	<p><b>W157:</b> If the alleged violation is verified, appropriate corrective action must be taken. <b>Corrective Action: (Specific)</b> An investigation will be completed regarding the missing medication and money as well as consumers being left unattended. All Clinical Supervisors will be in-serviced on the initiating investigations and having them completed within 5 business days. All staff will be in-serviced on the Abuse Neglect Exploitation Policy and Procedure, Medication Audits and client finances. A safe was</p>		08/29/2014

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	<p>"When I got to work I did my controlled substance count. It was supposed to be 31 Oxycodone 5 mg (milligram) pills in the bottle but it was only 24 Oxycodone 5 mg pill in the bottle. I called (staff #1), Resident Manager, to tell her what I found. She called nurse."</p> <p>Review of the Investigative Summary for client B dated 2/21/14 - 2/27/14 was conducted on 7/28/14 at 12:00 PM. The investigation was for the report of client B missing 7 Oxycodone 5 mg (milligram) tablets. The conclusion of the investigation indicated the allegation of missing pills was substantiated, but whereabouts unknown. The investigation did not include any corrective action.</p> <p>2. The facility BDDS (Bureau of Developmental Disabilities Services) incident reports were reviewed on 7/28/14 at 10:45 AM. The BDDS report dated 3/23/14 indicated the following: "Staff was conducting a finance audit when they discovered that the cash account for 5 individuals (clients A, B, E, F and H) in the home was incorrect. It was found that [client B] was off by \$15.00, [client A] was off by \$29.00, [client F] was off by \$24.63, [client E] was off by \$9.76 and [client H] was off by \$30.79. Staff immediately contacted the RM (Regional Manager) and reported</p>				<p>purchased for the home to secure all client finances. Clients A, B, E, F and H will be reimbursed missing funds. <b>How others will be identified: (Systemic)</b> The Program Manager will follow up with the Clinical Supervisor at least weekly to ensure that all incidents that require and investigation are initiated and completed within 5 business days. All investigations will be provided to the Executive Director upon completion for review. The Residential Manager will complete a review of all client finances and medication audits at least three times weekly to ensure that all funds and medications are accounted for. The Clinical Supervisor will review client finances and medication audits at least weekly to ensure that all client funds and medications are accounted for.</p> <p><b>Measures to be put in place:</b> An investigation will be completed regarding the missing medication and money as well as consumers being left unattended. All Clinical Supervisors will be in-serviced on the initiating investigations and having them completed within 5 business days. All staff will be in-serviced on the Abuse Neglect Exploitation Policy and Procedure, Medication Audits and client finances. A safe was purchased for the home to secure all client finances. Clients A, B, E, F and H will be reimbursed missing funds. <b>Monitoring of</b></p>		

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	<p>the incident."</p> <p>Review of the investigative Summary dated 3/22/14 - 3/28/14 was conducted on 7/29/14 at 2:00 PM. The investigation was for the report by a staff member that while conducting a finance audit, it was discovered that 5 individuals were missing money from their home cash account. Throughout the investigation, it was found that one more individual was missing money as well. [Client E] was short \$10.00, [client B] was short \$15.00, [client H] was short \$30.00, [client F] was short \$24.00, [client A] was short \$29.00 and [client G] was short \$25.00. The factual findings indicated "After reviewing witness statements, it was revealed that no staff are aware of where the money has gone. It was discovered, however, that the finances began to have issues when the money was not audited in and receipts were not properly put back in the books from the outing on 3/20/14. Allegations of exploitation by staff are unable to be substantiated. Each individual with discrepancy in their finances will be reimbursed the amount in which their finances are short." The conclusion indicated the allegation was unsubstantiated and the allegation was substantiated. The summary did not include any corrective action that ensured the money was replaced and the</p>				<p><b>Corrective Action:</b> The Program Manager will follow up with the Clinical Supervisor at least weekly to ensure that all incidents that require and investigation are initiated and completed within 5 business days. All investigations will be provided to the Executive Director upon completion for review. The Residential Manager will complete a review of all client finances and medication audits at least three times weekly to ensure that all funds and medications are accounted for. The Clinical Supervisor will review client finances and medication audits at least weekly to ensure that all client funds and medications are accounted for.</p> <p><b>Completion date: 08/29/14</b></p>		

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	<p>corrective action taken to ensure it did not happen again.</p> <p>3. The BDDS incident report dated 6/23/14 for clients A, B, C, D, E, F, G and H indicated "Second shift staff was working 4:00 PM to 12:00 AM. Third shift staff did not show up to work and it was reported that the second shift person had left the home to walk down the street to get third shift staff from her apartment to get them to come to work, leaving the individuals unattended. The staff member in question was immediately placed on administrative leave. Immediate preventative measures include inservices with all staff on Abuse/Neglect policy, the staff was placed on leave and there were no injuries as a result of this incident."</p> <p>Review of the Investigative Summary dated 6-23-14 to 7/25-14 was conducted on 7/28/14 at 12:00 PM. The investigation was for the report that a staff member left the home while consumers were asleep. The factual findings indicated "One staff witnessed that (staff #4) left the consumers unattended. (Staff #4) admitted to leaving the consumers unattended during her shift." The conclusion of the investigation was "leaving the consumers unattended is substantiated." The</p>						

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	<p>summary did not include any corrective action.</p> <p>4. The BDDS incident report dated 5/18/14 indicated the following: "Staff was performing a medication audit and noticed that there were two different tablets in one of the consumer's bubble pack. The staff notified the Residential Manager and the site nurse immediately. The Residential Manager and the site nurse reviewed all consumers' bubble packs of medications and noted [client D] had 25 Hydrocodone missing that had been replaced with her Relafen and [client B's] Lipitor, [client E] had one Dicyclomine tablet missing and had been replaced with one of her Ropinirole, [client C] had one Xanax missing that was replaced with one of [client B's] Lipitor and [client B] had 13 Xanax that were missing and replaced with her Lisinopril. It was determined that none of the medications had been administered to any of the consumers. The bubble packs that had been tampered with were immediately secured, drug suspicion checklists were completed on all staff and all staff were taken for drug testing. One staff refused the drug testing and the operation is awaiting the results of the drug tests that were completed. The [name of local police department] was contacted and a message was left for</p>						

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	<p>[name of detective] to file a police report. The consumers' medications that were tampered with were replaced and an investigation has been initiated." The facility failed to provide documentation of corrective action.</p> <p>5. The report dated 7/6/14 for client A and client B included the following information: "[Staff #3] did finance audit at approx. (approximately) 12 PM 7/4/14 at kitchen table while [staff #2] cooked lunch. [Staff #2] got money out for [client G] to go to [name of town]. On 7/5/14 at approximately 8 AM [staff #2] went to do finance audit and get clients money out for an outing with [staff #3] and [staff #6] in the same room. \$95.00 total was missing from [client B] and [client A] money bag. [Staff #2] called home manager. Immediate preventative measures include inservices with all staff on Abuse/Neglect/Exploitation policy and an investigation has been initiated into the incident." A BDDS follow-up report dated 7/17/14 indicated "The investigation has been turned over to the local police department for further investigation."</p> <p>Review of the facility investigations on 7/28/14 at 12:30 PM indicated there was no investigation conducted by the facility of the incident of missing money. The</p>						



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/02/2014  
FORM APPROVED  
OMB NO. 0938-0391

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	<p>facility failed to provide documentation of corrective action.</p> <p>Interview with administrative staff #1, #2, #4 and #6 on 7/29/14 at 2:30 PM indicated staff had been inserviced, but the corrective action is not included in the investigation.</p> <p>This federal tag relates to complaint #IN00151755.</p> <p>9-3-2(a)</p>						